Harm Reduction approach as a human right possibility

Ligia Bugelli Hermano Santos[1]

Abstract: Harm Reduction (HR) is a well-known strategy that recognizes each drug user on its uniqueness and creates with them ways to promote health and ensure their rights as citizens. HR assumes that drugs will always be present in the society and it is better to reduce the damage, rather than trying to eliminate drugs completely. The goal of this essay is to show how the HR strategy occurred at a global level, with international movements, and how it occurred at the local level in the case of Brazil. It concludes that HR puts the focus of health actions on drug users and not on the substance, understanding that the drug user is a human being must be realized without discrimination or glamorizing.

Keywords: Harm Reduction, Mental Health, Social Inclusion.

Introduction

The Harm Reduction (HR) strategy worldwide emerged in the late 80s due to the large growth of HIV among injective drug users (IDU). Harm reduction is seen as a promising way to recognize each user on their uniqueness and create, with them, strategies to promote health and ensure their rights as citizens. Many authors see Harm Reduction (for definition issues see section 2) as an ethical commitment, a humanity commitment.

Given this, this essay aims to show how the HR strategy occurred at a global level, with international movements, and how it occurred at the local level in the case of Brazil. In addition, I intend to contribute to the struggle for the defense of an education for autonomy, in which drugs are not perceived as demons and the users should have full access to treatments that respect their dignity and allow for social reintegration.

To contribute with this analysis, it is important to bring some critical approaches of the relevant social actors into discussion. It is also significant to introduce a critical perspective of some authors on the role of these social actors about HIV, drug addiction

[1] PhD student of the Doctoral Program Human Rights in Contemporary Societies, at FEUC-CES, with a FCT scholarship. Research interests: human rights and public health.

and Harm Reduction issues and the mindset of the financial agencies of health public policies in countries, such as Brazil.

In this perspective, some actors of critical social theory consider that non-governmental organizations (NGOs) emerged in advance of the context of neoliberal policies that, since the late 70s, gained strength in the Latin American continent. NGOs operate within the economic sphere and social policies of the elite classes which find friendly support of most rulers and resist the claims of organized groups that are linked to the interests of the popular classes (Sader, 2005).

From the perspective of resistance to economic globalization and neo-liberalism, various organizations and social movements participated in the first World Social Forum (WSF) in 2001, in Porto Alegre, Brazil, in order to build an "another world" and to oppose liberal economic policies (Sader, 2005). Yet despite the importance of these resistance movements and the WSF, what we can see is that these initiatives have not yet been able to build a political alternative to the advance of neoliberalism worldwide (Domanico, 2006).

Policies that are bundled into the so-called neoliberal field affect the reality of Latin American countries particular way, such as the drastic reduction in public spending on social policies - among them health. The consolidation of these policies in the Latin American continent depends on a set of ideas that feeds an ideological construction that certifies the state's inability to both promote development and manage quality social policies (Domanico, 2006).

Harm Reduction strategy a short introduction

With the onset of HIV in the early 80s and the risk of its transmission, HR policies gained strength in Europe. The central problem of drug addiction had given way to a new medical issue: HIV infection and another blood-borne virus spread through the sharing of needles among drug users (Mesquita et al, 2001). HR has become an alternative to abstinence-oriented approaches.

However, some authors believe that HR is a strategy that assumes that drugs will always be present in the society and adopts a pragmatic approach: it is better to reduce the damage, rather than trying to eliminate drugs completely, which is possible from the

point of view of each unique individual, but unfeasible when considering the collective dimension (Riley, 1994).

Countries such as The Netherlands and the United Kingdom stand out for being solid pioneers in Europe in the advance of changing the drug paradigm and it was also in this scenario that HR strategy gained power to be better thought and well development.

A brief consideration of major milestones in HR developments:

1926: UK Rolleston Report was a milestone because it argued that they could not treat drug dependents by requiring them to abstain from use abruptly. In addition, the report recommended monitoring users who wanted to abstain from morphine or heroin in order to provide relief of withdrawal symptoms, or to assist in the administration of drugs to those who wanted to continue using them (O'Hare, 1994 Marlatt, 1999).

1981: The first cases of HIV among IDUs were found in the cities of New York, San Francisco and Los Angeles. At first, such an occurrence was not considered a serious public health problem, because it occurred in specific geographical areas, within a stigmatized population that lacked a political voice. With the development of HIV testing, the situation has proved much more serious: about half of New York IDUs were infected by the HIV virus. In Europe, the infection rates reached 30% among users of Amsterdam and Edinburgh (Telles, 2004).

1985: the Netherlands changed the country's drug policy, "normalizing" the drug problem, by problematizing the stigmatizing label and seeking alternatives to this issue. In the Netherlands, the drug policy is the responsibility of the Ministry of Health, as well as the prevention and care policies. The Junkiebonders established the first Syringe Exchange Program (SEP), worldwide, motivated by the fact that a pharmacy in the heart of the city refused to sell injection equipment to drug users. At this time, users feared an epidemic of even greater proportions of Hepatitis B and from 1992, in addition to the exchange held in the Needle Exchange Program (NEP) and in the output field, the needle exchange system has to be complemented by two vending machines containing sterile syringes (Vester 1998).

According to Fonseca, the poor population are generally the most affected, poverty, combined with the failure of the State and a hedonistic culture, act as a facilitator of adherence of illicit drugs. HR seeks to rescue the citizenship of those users, adopting an education for autonomy and healthy habits approach, turning off the identity built

by marginalization and crime, helping them exercise their freedom to choose to use drugs (or not) responsibly.

It is understood that the focus of health actions should be the drug user and not the substance. The addiction is not transmitted due to the consumption of a particular drug, but results from the interaction of people and their individual behavior, principles and habits at any given moment. The drug user is a human being and therefore has the same rights as a citizen who does not use drugs and must be understood without discrimination or glamorizing. Once recognized as such, society must include them in the set of social and health responses that aim to reduce consumption and the social harm (Bastos, Mesquita & Marques, 1998).

Brazilian Harm Reduction strategy and investment

Brazil also followed the global movement of development Harm Reduction strategy, mostly due to the HIV epidemic among injectable drug users in the 80s.

The first case of HIV infection among injecting drug users in Brazil was registered in the State of São Paulo, in 1982. But it was in the Santos city, in 1989, more than 50% of AIDS cases were caused by the sharing of syringes by drug users. A number of initiatives have been formulated in an attempt to improve care and prevention of the epidemic in this population. One of the alternatives would be the implementation of HR programs, which were gaining prominence in the international scenario (Mesquita, 1998).

The first attempt to implement HR strategies in Brazil occurred in the city of Santos, São Paulo, in 1989. However, at the time, the Public Ministry of São Paulo filed civil and criminal actions against the program professional. The legal argument was based on Law 6368/76, in which prosecutors interpreted the needle exchange initiatives as a way to "encourage consumption of drugs" (Mesquita, 1998).

The HIV State Program of São Paulo, considering the seriousness of the HIV epidemic among injecting drug users, planned to implement a new set of prevention actions Therefore, the first Brazilian program needle exchange was effectively implemented in Bahia, in 1995. The program began with a series of preventive actions aimed at injecting drug users, later consolidated into the first Brazilian program for HR (Fonseca, 2005).

On December 1, World Day against HIV of 1995, would see the inauguration of NEP in 5 cities of São Paulo. A press conference was planned on this day with members of

the state and municipal government, NGOs and organized civil society. However, the prosecutor was against the program implementation process. So, the programs started to operate underground in several Brazilian cities, suffering from negative consequences, such as the lack of material used for prevention and retaliation by the police (Bastos, Mesquita & Marques, 1998).

In 1996, changes in the scope of the National HIV Coordination boosted the country's HR movement. In 1993, the first World Bank loan of 10 million US was given in grants by the United Nations Program for International Drug Control (UNDCP) with the specific objective of preventing the HIV disease among IDUs (Fonseca, 2005).

The loan from the World Bank that aims to work with *peer education* at the risk populations, i.e., transvestites, sex workers, gay men and injecting drug users. Since 1994, NGOs start to compete in public tenders to have their projects financed by the National AIDS Program. These projects had activities aimed at prevention with changes in sexual practices and behaviors. HIV has been considered a disease that needed treatment and NGOs failed to act "putting out fires" and instead invested in the condition of service providers and specific projects construction (Domanico, 2005).

In addition to the World Bank's investment, resources from the United States Agency for International Development (USAID) were passed on directly to some entities, participating in specific competitions. Starting in 1998, a five-year comprehensive funding program for AIDS prevention was launched. The first three years, USAID had not made demands of Brazil to follow the American policy to combat HIV, known as ABC (Abstinence, Be faithful and if it is Necessary, and use Condom). However, in 2004, the agreement goes through an overhaul that creates an impasse in the social movement of HIV in Brazil. USAID states that the US government opposes prostitution and related activities, considering it harmful because it contributed to the phenomenon trafficking (Domanico, 2005).

However, the National Commission for HIV, with the support of the social movement, decided to break the contract. Disruption of this agreement creates some discomfort, both by NGOs that had projects funded by USAID and gave continuity to them, and by some HR institutions, since the agreement did not legitimize this public health measure. When the agreement was signed, some HR associations claimed a position of the National Program, once from the beginning it was clear they could not develop and

implement HR projects, because it opposed the US policy of "say no to drugs" (Domanico, 2005).

Discussion between the global and the local

Goodale's perspective on contemporary human rights practices suggests they need to be reframed to consider the frames and problems of space and social knowledge between global and local relations. This idea is based on the common theoretical framing device: the global and local dichotomy. This framework emerged over the last fifteen years as a way of conceptualizing process that were first included within the category of globalization and used to understand how widespread social process used the construction of law (Goodale, 2007).

There is a *vertical spatial metaphor* within which the *Local* is viewed from below and the *Global* is viewed from above. However, it is an exception when this perspective has a critique view, which Rajagopal use *below* to allude to the excluded and marginalized voices within dominant international law framework (Rajagopal, 2003, *in* Goodale, 2007).

From the author's point of view, the local and global model is dialectical and interacts conceptually through the dynamic movement of people, culturally, economically, and through goods and service trends. However, the author critiques the simplistic binary understandings of Human Rights as limited and questionable because they do not seek to understand exactly where and why Human Rights practices emerge in the way they do. Goodale considers it more appropriate to think how global forces influence and structure local situations, which means how social networks can produces nodes of articulation (spaces that provide the material organization and time-sharing social practices). In other words, Human Rights practices emerge 'between' the global and the local. The Human Rights discourse unfolds ambiguously at the same time of non-universality of HR practice, but at the domestic level (Goodale, 2007).

To Goodale (2007), the *local* in Human Rights Networks serves some strategically important functions that build some locally-based activities. Therefore, the usefulness of a transnational Human Right practice network is to embody elements of agents and structure simultaneously, bringing together the transnational Human Rights discourse and the local social practices of Human Rights.

These perspectives seem more appropriate to analyze the Harm Reduction timeline. Once beginning as a hygienist policy, that was brought from US to combat the HIV disease among IDUs in Brazil. But over the time, it has begun to be seen as a way to reduce the health systems' risks of any Brazilian drug user.

Another interesting point to highlight is that the universalist discourse of human rights can be useful when it is applied as a way of legitimizing a policy. For instance, the discourse that any human being has the right to fully live their citizenship, which means it should be guarantee the access to health, can contribute to the strengthening of the HR strategy when its effectiveness is proven. Harm Reduction understand that every human being has the right to choose if they use drugs or not, but the State need to guarantee the access to public health that transform the act of using drug less harmful.

Furthermore, in the author's view, the practices of Human Rights in a basic level describes "all of many ways in which social actors across the range talk about, advocate for, criticize, study, legally enact, vernacularize, and so on, the idea of human rights in its different forms" (Goodale, 2007, p. 24). Thus, the author understands the social actors as any entity who practices Human Rights, an analytical equality of social subjects' idea.

For the author, Latin America is a good example showing the role of practices to shape the meaning and possibilities of Human Rights discourse, once the network has become a present social, political and legal category of social actors pursuing for their rights, such as: public health and economic development. Such a definition allows them to highlight the diversity of practices and that they will always be embedded in preexisting relations of meaning and production. In which the Human Right discourse became an encompassing category and structural relationships mediate its practices (Goodale, 2007).

When the harm reduction strategy is not seen as a merely exchanging practices, but as an effective opportunity to completely change the hegemonic drug consumption paradigm, it should find the practice of human rights discourse. In other words, the moral paradigm breaking of drug consumption alongside a new perspective to see the drug user as the legitimate holder of genuine desires, and that these same desires will not incapacitate them to fully live their citizenship, can build a universal discourse of human rights' public policies that are grounded in social practices of human rights.

From Goodale's point of view, the transnational human right discourse should not have a horizontal perspective, taking for granted that the networks are formed with social actors' participation in a process of mutual learning, respect and benefit. But the opposite, meaning that social actors experience human rights in a more "vertical" way, meaning social, political and legal hierarchy (Goodale, 2007).

For Sally Engle Merry (2006), the gap between human rights discourse and practice, the abstraction of the human rights normative and the local of human rights, the places and the sites where the human rights are being applied (the Goodale domestic' perspective), can be "solved" by an agent of human rights. The author introduces the idea of *people of the middle*, which the role of those applying human rights actions from an Institutional perspective (Merry, 2006).

In the case of HR strategy applied in Brazil, we can visualize two types of *people of the middle*. On the one hand, there are the NGOs which receive international investments, including the World Bank investments, to implement the global strategy at a local/domestic level. On the other hand, there is another type of *people of the middle* who act as the NGOs agents, some are former drug users, in order to actually deal with the specific population.

The NGOs receiving international investment have tried this hybrid approach in hiring former drug users to be their agents in the field. However, these NGOs replicated North American prohibitionist logic and did not create adept strategies that valued the wishes and desires of the users. Regarding their drug consumption, a better framework brings the idea of the subjectivity of the local cultural, centering the former users' knowledge to contribute to the improvement of the strategy.

Another issue is seeing the former user agents as only an instrument to approximate with the drug users' so they can accomplish the inputs exchange. In this bounding perspective, it not only misses the opportunity to educating and teaching another logic of consume drugs, but also to use the former users' knowledge to contribute to the improvement of the strategy application.

Then, in this hybrid model it is understood that the closer the *people of the middle* are to the community, the more appropriate and "compliant" the application of the strategy will be. However, the closer to the international human rights community the *people of the middle* are, the more likely there are to replicate the same model and the

overall logic. Global policies and strategies depend almost entirely on local application and hence, on how local actors/agents understand and apply them. So, we cannot understand the *people of the middle* as if they were just translators and not agents, but they can also construct human rights conceptions (Merry, 2006).

Conclusion

The Brazilian National Health Service (SUS) as well as the treatment of HIV, was an achievement by the constant patients struggles, their families and everyone that were part of the social movement. The care strategies emerged in a context of economic and political changes that are expressed in the relationship between the State and the organized civil society, through the proliferation of NGOs. In this sense, HIV has been successful in giving rise to a self-conscious and critical biopolitics.

We have seen that the implementation of the Harm Reduction strategy is directly connected to the forms that Brazilian government has found to combat the HIV disease. In this sense, the funding and the administrative requirements for the resource's management, determined a new profile of performance in organizations, from political activism and defense of citizenship rights to a focused technical intervention mode interfering behaviors and practices of the population considered most vulnerable.

Through the implementation of the HR projects in Brazil, we have also seen that there was a lack of investment in the political dimension of damage reduction projects and this is a consequence of the *dictatorship* of projects, where the teams had to prioritize responding technically to the financing requirements, so the political organization became a lesser priority.

Even considering that it was not the primary objective of the project, through building active participation in the struggle for drug users' rights, HR has affirmed human rights and citizenship practices. This achievement is only possible due to the mindset of harm reduction, even though it was thought out and structured in northern countries, was in countries like Brazil that it was materialized as a struggle for human rights and the right to health was politically conquered by the people, and for the people.

However, we can also see that the way HR has been implemented in Brazil was also a major contradiction in the reality of Brazilian society, a society that is deeply unequal and hostile the point of view of care services as social policies. In this sense, recognition

of the political dimension of HR – an affirmation of human rights and citizenship – is linked to a commitment into building a social base that is legitimate and political for their incorporation as a measure of Public Health. There should be discussion with drug users, as subjects of rights, about the political formation of institutions and the consolidation of their experience must be united with that of the Public Health institutions.

References

Bastos, Francisco.I.; Mesquita, Fábio.; Marques, Luiz Fernando (1998). *Troca de seringas drogas e aids: ciência, debate e saúde pública*. Brasília: Ministério da Saúde / Coordenação Nacional de DST e Aids.

Candian Center On Substance Abuse – CCSA (1996), *Harm reduction: concepts and practice*. http://www.cssa.ca/docs/wgharm.htm.

Domanico, Andrea (2006), "*Craqueiros E Cracados: Bem Vindo Ao Mundo Dos Nóias!" - Estudo sobre a implementação de estratégias de redução de danos parausuários de crack nos cinco projetos-piloto do Brasil*. Salvador.

Fonseca, Elize M. da (2005), "Políticas de Redução de Danos ao Uso de Drogas: O contexto internacional e uma análise preliminar dos programas brasileiros" – São Paulo.

Goodale, Mark (2007). "Locating Rights, Envisioning Law between the Global and the Local", in Goodale, M. and Merry, S. E. (orgs.), *The Practice of Human Rights: Tracking Law Between the Global and the Local*. Cambridge: Cambridge University Press, 1-27.

Marlatt, G. Alan (1999), *Redução de Danos: estratégias para lidar com comportamentos de alto risco.* Porto Alegre: Ed. Artes Médicas do Sul.

Merry, Sally Engle (2006), Transnational Human Rights and Local Activism: Mapping the Middle, *American Anthropologist*, 108(1), 38-51.

O'hare, Peter (1994), Redução de danos: alguns principios e prática. In Mesquita, Fábio.; Bastos, Francisco.I. *Drogas e Aids estratégias de redução de danos*. São Paulo: Ed. Hucitec.

Riley, Diane (1994). The harm reduction model: pragmatic approaches to drug use from the area between intolerance and neglect, 1994. http://www.ccsa.ca/, 21/1/ 2004.

Sader, Emir (2005), *Perspectiva: os porquês da desordem mundial – mestres explicam a globalização*. Rio de Janeiro: Editora Record.

Telles, Paulo (2004), Breve histórico de redução de danos (RD) e relação entre drogas injetáveis e Doenças; 2004. http://www.diganaoasdrogas.com.br/artigo027.asp

Vester Annette (1998), Os Programas de Troca de Seringas em Amsterdã. In: Bastos, Francisco.I.; Mesquita, Fábio.; Marques, Luiz Fernando, *Troca de seringas drogas e aids: ciência, debate e saúde pública*. Brasília: Ministério da Saúde / Coordenação Nacional de DST e Aids.